### Application Data Sh t

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: Pancreas-Derived Plasminogen Activator

Inhibitor

Attorney Docket Number:: PF290P1D2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 10

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Jian

Family Name:: Ni

City of Residence:: Germantown

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 17815 Fair Lady Way

City of mailing address:: Germantown

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Reiner

Middle Name:: L.

Family Name:: Gentz

City of Residence:: Belo Horizonte-Mg

Country of Residence:: Brazil

Street of mailing address:: Rua Claudio Manoel 602/2201

City of mailing address::

Belo Horizonte - Mg

Country of mailing address:: Brazil

Postal or Zip Code of mailing address:: 30.140.100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Steven

Middle Name::

Family Name:: Ruben

City of Residence:: Brookeville

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 19420 Pyrite Lane

City of mailing address:: Brookeville

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Y.
Middle Name:: Eric

Family Name::

Shi

City of Residence::

Roslyn Heights

State or Province of Residence::

NY

Country of Residence::

US

Street of mailing address::

18 Yale Street

City of mailing address::

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State or Province of mailing address::

NY

Postal or Zip Code of mailing address::

11577

## **Correspondence Information**

Correspondence Customer Number::

22195

### **Representative Information**

Representative Customer Number::

22195

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/902,684	07/12/01
09/902,684	Division of	09/026,408	02/19/98
09/026,408	Continuation-in-part of	08/934,011	08/15/97
08/934,011	Application claiming the benefit under 35 USC 119(e)	60/024,056	08/16/96